

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/27/2026
NAME OF PROVIDER OR SUPPLIER Parkway Hills Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7760 Parkway Drive LA Mesa, CA 91942	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure treatment orders were obtained and followed for a surgical foot wound on one of two residents reviewed for wound care (Resident 1). This failure had the potential to result in infection or other wound complications. Findings: Resident 1 was admitted to the facility on [DATE] with diagnoses to include fracture of the lateral malleolus (the prominent bony bump on the outer side of the ankle), according to the undated admission Record. A record review was conducted. According to the physician's History and Physical note (H&P), dated 12/5/25, Resident 1 was admitted to the facility following a fall and ankle fracture with surgical repair. According to a Nurses Note, dated 12/4/25, Resident 1 had surgical wounds with staples on his right foot and ankle. The physician's orders for Resident 1 were reviewed. No treatment orders for the surgical wounds were identified for Resident 1's admission date of 12/3/25 through 12/26/25. According to the December Treatment Administration Record (TAR, a record of all treatments ordered and provided to heal the wounds), no treatments were done to Resident 1's surgical wounds from 12/3/25 through 12/28/25. According to a wound care physician's note, dated 12/25/25, the primary care physician (PCP) had consulted the specialist physician to evaluate and treat Resident 1's surgical wounds. According to the physician's orders, dated 12/27/25, Resident 1 was to receive wound care treatments to the surgical wounds. According to the December TAR, Resident 1's surgical wounds were treated as ordered by the physician on 12/28/25 through 12/31/25. According to a wound care physician's note, dated 1/1/26, surgical staples had been removed from Resident 1's foot and ankle, and four of the six surgical wounds had resolved. The physician indicated wound care treatment was to continue for the resolved wounds and the remaining wounds. Resident 1 was not available for an interview. An interview was conducted with Licensed Nurse (LN) 1 on 4/28/26 at 2:11 P.M. LN 1 stated she was the wound care nurse for the facility. LN 1 stated she had assessed Resident 1 on 12/4/25 when he was admitted to the facility. LN 1 stated her responsibility was to assess new resident's skin and wounds, then contact the physician for treatment orders. LN 1 stated once treatment orders were obtained, the orders would be available in the TAR so nursing staff could sign their initials when the prescribed treatment was completed. LN 1 stated she did not remember calling the physician for Resident 1's surgical wound treatment orders. LN 1 stated she assessed Resident 1's surgical wounds five days a week, and other nurses would assess on her days off. LN 1 stated Resident 1's surgical wounds healed well, and the wound care physician was brought in to remove surgical staples and assess the wound status. LN 1 stated she should have called the physician to obtain clinical orders to ensure the documentation was completed. LN 1 stated, I should have obtained the treatment orders so nurses knew to watch for signs of infection or other problems. An interview was conducted with the Director of Nursing (DON) on 4/28/26 at 2:20 P.M. The DON stated her expectation was for the wound care nurse to call the physician and obtain orders to monitor and treat wounds. The DON stated most of Resident 1's surgical wounds had healed well, but the written physician's orders should have been in the medical record as evidence the treatments had been provided. Per a facility document, revised April 2019 and (continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>titled Pressure Ulcers/Skin Breakdown - Clinical Protocol, .the nurse shall describe and document/report the following: Current treatments, including support surfaces.</p>